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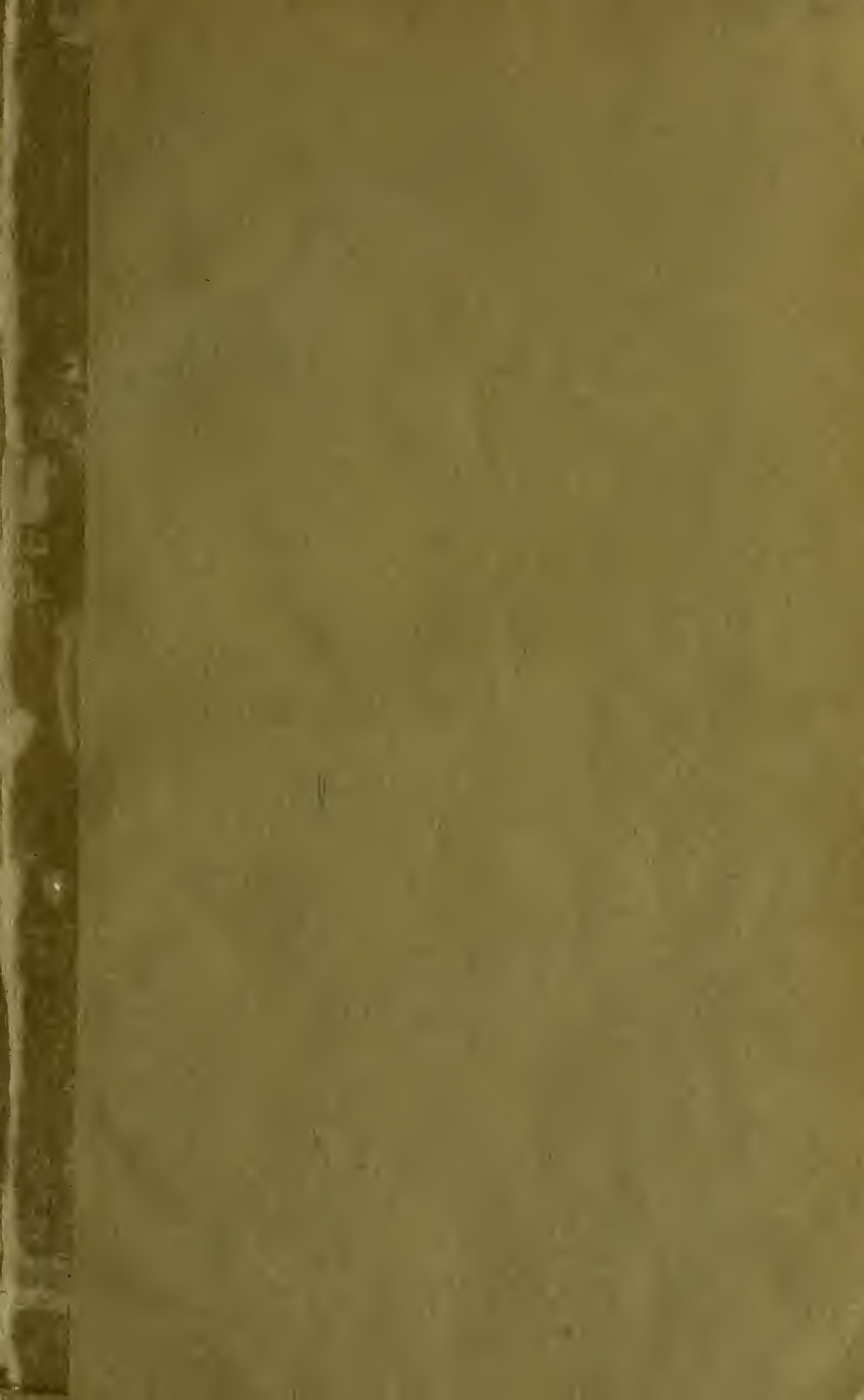
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Child-Welfare Programs

Study Outlines for the Use of
Clubs and Classes



Children's Year Follow-up Series No. 7

Bureau Publication No. 73

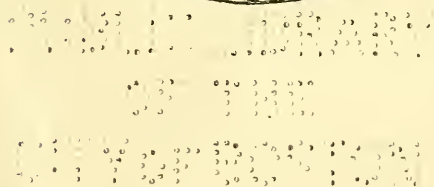
U. S. Department of Labor

Children's Bureau



Child-Welfare Programs

Study Outlines for the Use of
Clubs and Classes



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Children's Year Follow-up Series No. 7

Bureau Publication No. 73

U. S. Department of Labor

Children's Bureau

Sept. 2, 1924

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CHILD-WELFARE PROGRAMS.¹

INTRODUCTION.

The Children's Bureau is frequently asked to make suggestions regarding the programs of clubs, classes, and other organizations desiring to study the problems and methods of child-welfare work or interested in the matter of the care of young children. In response to many inquiries and requests of this kind, the bureau has brought together in the following pages some programs which it is hoped may be found useful.

Several programs are included, in order to meet the possible needs of different groups. Any one of the programs may be shortened by selecting from it such topics as are most applicable to the plan of study the club is following; also, any regrouping of the topics may be made.

The introduction of outside speakers into programs of this sort may serve to stimulate interest and attendance. Also it is true that an address from a specialist may often shed a great deal of light on some problem under discussion. Since, however, a definite course of study is being undertaken, in which the whole membership is supposed to take part and to which each is expected to contribute, it is wiser, in many cases at least, to restrict the use of outside speakers. It is sometimes best to call an extra meeting if a person who would give much to the club becomes available.

On the other hand, a whole program may be carried through by inviting outsiders to present each topic. This would be quite feasible in a large city where specialists on every subject are available.

Country communities may in some cases arrange with the State university extension office to assist them in the matter of securing outsiders for occasional meetings.

Since the ultimate object of studying the problems of childhood is the betterment of the conditions for children in any given locality, and since this can be secured only through the education of the general public to desire it, publicity is a necessary adjunct to this work. This publicity may be secured through reports to local newspapers, and through the attention of the members of the club to local matters under consideration which affect the welfare of children. Many

¹ By Mrs. Max West and Nettie McGill.

other ways to give publicity to the work will no doubt occur to the club in the course of a year's work. At least one meeting should be open to the public, and as many others as may seem best. Cooperation with other clubs, agencies, and organizations engaged in any approved form of child-welfare work is desirable, and necessary if the best results are to be accomplished.

Although the principal object of such courses of study as these is to improve the conditions surrounding child life in the given community, and one of the secondary or immediate objects is the education and entertainment of a group of people, another object may well be the creation of a zeal for scholarly research—a much-needed and essential part of social enterprises. If the club has the good fortune to be located near a college or university its members should have unusual advantages in assistance of various kinds, particularly in the direction of investigations.

It may be assumed that in all large cities and many smaller places there is a public library, the resources of which are available to all the members of the club. Traveling and package libraries are available sources for library material in rural sections in many States.

PART I.

THE COMMUNITY AND THE CHILD.

This outline is intended for the use of clubs or groups desiring to give a whole year to the study of the problems of community responsibility for child welfare. As has been said, it may be used as a basis for shorter or lighter programs if desired. It provides opportunity, however, for any degree of investigation, research, and study the members are willing to give, and for addresses from outside specialists.

1. CHILD-WELFARE WORK.

- a. What is meant by this term? Describe work done abroad during the war and in the United States during Children's Year.
- b. Describe work done in this community during Children's Year: Was it adequate? How might it be improved?
- c. Follow-up work: What is being done? What needs to be done? Who will take the responsibility of carrying it on? From where is the financial support to come?
- d. Is the community awake to its responsibilities for the welfare of its children? Must a campaign of education to this end be carried on? How shall it be done?

READING REFERENCES.

U. S. Department of Labor, Children's Bureau:

- Publication No. 36. Children's Year Leaflet No. 1, Save 100,000 Babies. Get a Square Deal for Children.
- Publication No. 38. Children's Year Leaflet No. 2, April Weighing and Measuring Test.
- Publication No. 40. Children's Year Leaflet No. 3, Children's Year Working Program.
- Publication No. 44. Children's Year Leaflet No. 4, Patriotic Play Week.
- Publication No. 49. Children's Year Leaflet No. 7, Back-to-School Drive.
- Annual Reports of the Chief of the Children's Bureau, 1917, 1918 (not available for distribution, but probably can be found in a number of libraries).

2. BIRTH REGISTRATION.

- a. What is birth registration? Importance of good vital statistics to any community.
- b. What is the birth-registration area? Is this State in the area? If not, how can it be put in?
- c. What is the condition of birth registration in this community? How shall we go about it to secure better registration?
- d. Method of making a simple test of the completeness of birth registration.

READING REFERENCES.

U. S. Department of Commerce, Bureau of the Census:

Birth Statistics for the Registration Area of the United States, 1915, 1916, 1917.

Mortality Statistics, 1917.

U. S. Department of Labor, Children's Bureau:

Publication No. 54. Miscellaneous Series No. 12, An Outline for a Birth-Registration Test.

Dodger No. 3. Is Your Child's Birth Recorded? If Not, Why Not?

3. INFANT AND MATERNAL MORTALITY.

- a. What is meant by "infant mortality" and "infant mortality rate"? What is the infant mortality rate for the United States? Compare it with that of other countries.
- b. What are the chief causes of a high infant mortality?
- c. What is the maternal mortality of the United States compared with other countries?
- d. Infant and maternal mortality in this community.

READING REFERENCES.

Mangold, George B.: Problems of Child Welfare. The Macmillan Company, New York City, 1914.

U. S. Department of Commerce, Bureau of the Census:

Birth Statistics for the Registration Area of the United States, 1915, 1916, 1917.

Mortality Statistics, 1917.

U. S. Department of Labor, Children's Bureau: Publication No. 61. Children's Year Follow-up Series, No. 2, Save the Youngest.

4. COMMUNITY MEASURES TO SAVE INFANT AND MATERNAL LIFE.

- a. Purpose, nature, and extent in the United States of prenatal work; infant-health centers; the instructive visiting nurse; hospitals with special reference to maternity provisions and care of children, and clinics (a series of 10-minute papers).
- b. Present status of such work in this community. What is needed and how may we secure it?
- c. Importance of milk to the growing child. Local measures to protect milk supply—State regulations, local ordinances, and enforcement. Report on milk supply of community. (This may be given by local officials, or club members may visit local dairies and make reports, a method found to be very effective.)

READING REFERENCES.

MacNutt, J. S.: Modern Milk Problem in Sanitation, Economics and Agriculture. The Macmillan Company, New York City, 1917.

U. S. Department of Labor, Children's Bureau:

Publication No. 15. Miscellaneous Series, No. 5, Baby Week Campaigns.

Publication No. 35. Care of Children Series, No. 4, Milk, the Indispensable Food for Children, by Dorothy Reed Mendenhall, M. D.

Publication No. 45. Children's Year Leaflet No. 5, Children's Health Centers.

Publication No. 47. Children's Year Leaflet No. 6, The Public-Health Nurse.

5. MALNUTRITION.

- a. Definition of term. Prevalence of malnutrition in the United States.
- b. Clinics, classes for mothers, instructive work in schools, literature. (These may be short papers by a number of persons.)
- c. Essentials in the feeding of young children to insure proper nutrition.
- d. The school lunch: Its purpose; movement in favor of it; some results.
- e. How are the children of the community being fed? Use of milk. School lunches. Education of parents and teachers in nutritional needs of children.

READING REFERENCES.

Indiana University: Bulletin of the Extension Division No. 8, Vol. IV, Feeding Children at School, by Edna Hatfield Edmonston and Mabel Thatcher Wellman. Bloomington, Indiana, April, 1919.

U. S. Department of the Interior, Bureau of Education: Bulletin 1909, No. 3. Daily Meals for School Children, by Caroline L. Hunt. 10¢.

U. S. Department of Labor, Children's Bureau:

Publication No. 59, Children's Year Follow-up Series, No. 1, What is Malnutrition? by Lydia Roberts.

Publication No. 60, Conference Series, No. 1, Standards of Child Welfare—"Nutrition Clinics," pp. 238-244; "The Nutrition of Adolescence," pp. 256-261.

6. THE PROBLEM OF CHILD LABOR AND EDUCATION.

- a. What does the ideal school do for children?
- b. Has this State a good compulsory-education law? Is it enforced? How might it be improved?
- c. The local situation: Are all the children of this community in school? Is there a school census? How many truant officers? Visiting teachers? Number of local school buildings? School buildings: Number, accessibility, equipment, safety, sanitary condition, etc. Teachers: How many, how well paid, training required, needed improvement in teaching force? Educational experiments? (Vocational training, Gary system, junior high schools, etc.)
- d. How many children leave school for work? Excused from school on what grounds? At what age? Safeguards as to educational and physical requirements, hours, night work, hazardous occupations? Any vocational guidance?
- e. Report on the "Back-to-School" drive of Children's Year.

READING REFERENCES.

- Ayres, May, and others: *Healthful Schools*. The Macmillan Company, New York City, 1909.
- Bureau of Educational Experiments, 16 West 8th Street, New York City. Bulletin No. 3, 1917, *Experimental Schools*.
- Dewey, John and Evelyn: *Schools of Tomorrow*. E. P. Dutton and Company, New York City, 1915.
- Mangold, G. B.: *Problems of Child Welfare*. The Macmillan Company, New York City, 1914.
- U. S. Department of the Interior, Bureau of Education:
- Bulletin 1914, No. 4. *The School and the Start in Life*, by Meyer Bloomfield.
 - Bulletin 1914, No. 18. *The Public School System of Gary, Indiana*, by Wm. P. Burris.
 - Bulletin 1915, No. 21. *Schoolhouse Sanitation*, by Wm. A. Cook.
- U. S. Department of Labor, Children's Bureau:
- Publication No. 51. *Children's Year Leaflet No. 9, Scholarships for Children*.
 - Publication No. 53. *Children's Year Leaflet No. 10, Advising Children in their Choice of Occupation and Supervising the Working Child*.
 - Publication No. 56. *Children's Year Leaflet No. 12, The Employment-Certificate System: A Safeguard for the Working Child*.
 - Publication No. 58. *Children's Year Leaflet No. 13, The States and Child Labor: Lists of States with certain restrictions as to ages and hours*.
 - Publication No. 64. *Children's Year Follow-up Series No. 3, Every Child in School*.

7. THE PROBLEM OF RECREATION.

- a. What does play mean in the life of a growing child? Effects on community of lack of wholesome recreation for young people.
- b. Needs of this community for recreation. Have the schools sufficient playground space? How many other playgrounds? Are they well equipped, accessible, supervised? What facilities for indoor play and recreation are there? Neighborhood clubs or centers, boys' and girls' organizations? Are there any community movements for recreation—"sings," plays, pageants, etc.? Are commercial amusements properly safeguarded?
- c. Report on the Recreation Drive of Children's Year.

READING REFERENCES.

- Addams, Jane: *The Spirit of Youth and the City Streets*. The Macmillan Company, New York City, 1909.
- Curtis, H. S.: *The Practical Conduct of Play*. The Macmillan Company, New York City, 1915.
- Johnson, G. E.: *Education Through Recreation*. Russell Sage Foundation, 1916.
- U. S. Department of the Interior, Bureau of Education: Bulletin 1912, No. 16. *The Reorganized School Playground*, by Henry S. Curtis.

U. S. Department of Labor, Children's Bureau:

Publication No. 44. Children's Year Leaflet No. 4, Patriotic Play Week.

Publication No. 60. Conference Series, No. 1, Standards of Child Welfare—"The Leisure of the Child," pp. 54-63; "Standards for Children's Play," pp. 63-66.

8. THE PROBLEM OF THE CHILD IN NEED OF SPECIAL CARE.

- a. Dependent and neglected children: The importance of a living wage for heads of families. Are mothers' pensions given? What relief agencies are there? Are cruel, non-supporting, and deserting parents prosecuted? What is the extent of illegitimacy? Is father compelled to assume any support for child born out of wedlock? Are child-caring institutions supervised? By whom? Is endeavor made to place children in foster homes rather than in institutions? Are such homes supervised?
- b. Defective children: What are local facilities for education of blind, deaf, crippled, or deformed? Are there special classes in public schools for the mentally retarded? Are feeble-minded segregated in institutions?
- c. Delinquent children: Is an attempt made to consider the child's character and environment in relation to his offense? The rôle of suitable recreation in preventing juvenile delinquency. What provisions are made for the hearing of children's cases in court? Is provision made for separate detention? Is there a probation officer or staff for children's cases? Institutional provision for delinquent children. Is the institution a last resort?

READING REFERENCES.

Folks, Homer: *The Care of Destitute, Neglected, and Delinquent Children.* The Macmillan Company, New York City, 1902.

Mangold, G. B.: *Problems of Child Welfare.* The Macmillan Company, New York City, 1914.

U. S. Department of Labor, Children's Bureau:

Publication No. 60. Conference Series, No. 1, Standards of Child Welfare—"The Responsibility of the State," pp. 307-313.

Publication No. 65. Dependent, Defective, and Delinquent Classes Series, No. 8, *Courts in the United States Hearing Children's Cases*, by Evelina Belden.

Publication No. 66. Dependent, Defective, and Delinquent Classes Series, No. 8, *Illegitimacy as a Child-Welfare Problem. Part I. A brief treatment of the prevalence and significance of birth out of wedlock, the child's status, and the State's responsibility for care and protection, with bibliographical material*, by Emma O. Lundberg and Katherine F. Lenroot.

9. STANDARDS OF LIVING.

- a. Series of 10-minute papers on effects upon life and health of children, with special reference to community conditions, of: Low wages; unemployment or seasonal employment of fathers; employment of mothers outside for wage, or excessive work of mothers in the home. Small, crowded, ill-ventilated houses; lack of satisfactory drainage, dirty streets, lack of play space. Lack of enough, or well-selected, food; lack of medical attention.
- b. Account of community (1) water supply; (2) milk supply (may be briefly referred to if already treated under Section 4); (3) collection of garbage.

READING REFERENCES.

- Broadhurst, Jean, Ph. D.: *Home and Community Hygiene*. J. B. Lippincott Co., Philadelphia, 1918.
- Lathrop, Julia C.: *Income and Infant Mortality*. Reprinted from *American Journal of Public Health*, Vol. IX, No. 4, April, 1919, pp. 270-274 (may be obtained through the Children's Bureau).
- Rochester, Anna: *Infant Mortality as an Economic Problem*. National Conference of Social Work, 315 Plymouth Court, Chicago, 1919 (may be obtained through the Children's Bureau).
- U. S. Department of Labor, Children's Bureau:
- Publications Nos. 6, 9, 20, 29, 37, 52. *Infant Mortality Series*.
- Publication No. 60. *Conference Series, No. 1, Standards of Child Welfare—"Economic Basis of Child Welfare,"* pp. 26-53.
- Annual Reports of the Chief (not available for distribution, but probably can be found in a number of libraries).

10. STANDARDS FOR CHILD-WELFARE WORK.

- a. A presentation and discussion of the minimum standards, as set forth by the Child-Welfare Conference in Washington, May, 1919.
- b. General statement of the most apparent and pressing needs of the community for promoting the welfare of children, as compared with the minimum standards.
- c. Statement of best practical line of effort for this club.
- d. Measures for child welfare pending—national; State. How this community is affected and how best to support desirable measures.

READING REFERENCES.

- U. S. Department of Labor, Children's Bureau: Publication No. 62. *Conference Series, No. 2, Minimum Standards for Child Welfare Adopted by the Washington and Regional Conferences on Child Welfare*, 1919.

NOTE.—For bills pending in State legislatures, write to State Divisions of Child Hygiene (in 31 States). For bills pending in Federal Congress, write to U. S. Children's Bureau.

PART II.

CHILD WELFARE IN RURAL AND VILLAGE COMMUNITIES.

This program is intended to develop the need for, and the possibilities of, greater knowledge of the conditions under which country children are growing. It was conclusively shown in the draft that bad health conditions were just as prevalent among young men from the country as from the city, and it is known that in some respects, at least, country children are worse off than are those who have lived all their lives in cities.

In order that child-welfare work may not be undertaken in the dark, it is necessary, first of all, to take at least a cursory survey of present conditions in any given community, and to gauge, as far as may be possible with the time and facilities at disposal, which of these conditions is most in need of immediate change. In one case it may be malnutrition, or other curable physical defect; in another case, lack of schools; in another, lack of recreation; or some other remediable condition.

The child-welfare section or committee of some established club may well be the leaders in this study. By dividing the work among a number of persons, and allowing time enough, a fair picture of local conditions should not be too hard to secure.

1. CENSUS.

- a. Number of children, by ages: For example, how many babies under 1 year; how many under 5 years, etc.?
- b. Parentage—foreign, native; families not speaking English.

2. MEDICAL, NURSING, AND HOSPITAL FACILITIES.

- a. Number of physicians available for population: Are they accessible to all families?
- b. Number of public-health nurses.
- c. What are the possibilities for hospital treatment for serious cases? Distance from hospital? Facilities of nearest hospital for caring for women's and children's cases?
- d. What are the possibilities for the treatment of physical defects among children: Clinics, specialists, etc.?

3. MALNUTRITION.

- a. Are the children all well nourished? What number appear to be underfed or in poor health?
- b. Is instruction for mothers in the selection and preparation of proper food for children a great need? If so, how may it be met?
- c. Is milk used freely in the diet of young children? Comments on the local milk situation.

4. PHYSICAL EXAMINATION.

- a. Have the children been weighed and measured? Have those who were found to be underweight been examined by a doctor?
- b. Do the parents of the community need instruction in the necessity for such examination and for the removal of curable defects?
- c. How could such a campaign be organized and carried on?

5. EDUCATION.

- a. Number in school?—not in school who ought to be?
- b. Are there enough school buildings for all the children who ought to be in school? Are they accessible; are the rooms overcrowded; are they properly furnished, heated, and lighted?
- c. What are the toilet facilities—sufficient, sanitary, and decent?
- d. Are there playgrounds, and is there oversight of the play hours?
- e. Teachers: Are there enough? Is the pay sufficient to command well-trained teachers? Are they comfortably housed?
- f. Are there any medical or physical examinations given at school? Any effort to have physical defects corrected? Has the warm noon lunch been tried?

6. RECREATION.

- a. What chance for play do the children of this neighborhood have? Under any direction—clubs, classes, etc.?
- b. Are the young people supplied with proper, wholesome, and pleasant recreation? Is a community house needed?

7. CHILD LABOR.

- a. Are any of the children who ought to be in school at work for wages? Are young children being deprived of time for free play by being required to work too much at home, especially on farms?
- b. Is anyone in the community given responsibility to look after these matters?

8. CHILDREN IN NEED OF SPECIAL CARE.

- a. How many children are dependent— orphaned, neglected, born out of wedlock? How many are defective physically, feeble-minded?
- b. General survey of relief measures and statement of most pressing needs in this field.
- c. What provisions for dealing with delinquent children? Is delinquency a serious problem in the community?

9. PREVENTION OF DISEASE.

- a. Does contagious disease spread through the community every season? What are the standards of the community in respect to prevention and control of disease?
- b. Talk by health officer or physician on most apparent needs in this field.

10. PUBLIC EDUCATION.

Possibility of education of public opinion to higher standard of life and health by lectures, movies, literature, instructive visiting nurses, etc.

READING REFERENCES.

(For general view of rural problems.)

- Calpin, Charles Josiah: *Rural Life*. The Century Company, New York City, 1918.
- Cubberley, Ellwood P.: *Rural Life and Education*. Houghton Mifflin Co., Boston, 1914.
- Gillette, John M.: *Constructive Rural Sociology*. Sturgis and Walton Co., New York City, 1917.
- U. S. Department of the Interior, Bureau of Education: Bulletin 1914, No. 12. *Rural Schoolhouses and Grounds*, by Fletcher B. Dresslar.
- U. S. Department of Labor, Children's Bureau: Publications Nos. 26, 33, 34, 46—*Rural Child-Welfare Series*, Nos. 1, 2, 3, 4.

(For follow-up work.)

- U. S. Department of Labor, Children's Bureau: Publications Nos. 36, 38, 40, 44, 45, 47, 49, 50, 51, 53, 55, 56, 58. *Children's Year Leaflets* Nos. 1-13.

PART III.

THE CARE OF THE MOTHER, THE BABY, AND THE YOUNG CHILD.

PROGRAM FOR MOTHERS' CLUBS.

Because of the technical points involved, this course should be under the direction of a nurse or a physician, who may give those topics which are concerned with medical matters. If this is not possible, the club leader should select the topics from this list which may be mastered with the help of books, or use the simpler program which follows.

THE MOTHER.

1. PRENATAL CARE.

a. Meaning and importance:

Importance of skilled supervision by competent physician throughout pregnancy, especially first pregnancy.

Necessity for a complete physical examination, including heart, lungs, abdomen, urine, blood pressure, and measuring the pelvis.

Statement of some of the dangers avoided by such care and examination.

How good care given a prospective mother makes a "better baby," and how overwork, underfeeding, illness, and neglect at this time affect the baby adversely.

b. Essentials:

Simple rules for good home care during pregnancy; diet, sleep, and rest; clothing; bathing; exercise and outdoor life; mental habits, etc.

Recognition of symptoms which may indicate the need of a doctor.

2. PREPARATIONS FOR CONFINEMENT.

a. At home: Engaging doctor and nurse; arrangement for nurse's board, etc.; laundry work; supplies needed; baby's clothing and nursery equipment.

b. At hospital: Advantages of hospital care; relative expense.

c. Arrangements for housekeeping during mother's incapacity.

d. In village and rural communities: General discussion of local conditions and how to improve them—hospitals, nurses, physicians; are they available? What can the poorer women of the community expect in the way of good care? (Special attention should be called to the fact

that medical examinations early in pregnancy are especially necessary in the case of the country woman, in order to determine whether hospital or expert surgical care is likely to be needed, and, if so, to permit her time to make the arrangements.)

3. THE LYING-IN PERIOD.

- a. Danger of too short a rest after childbirth; good effect upon mother and baby of long rest.
- b. Medical attention needed at this time.
- c. Care of breasts and nipples.
- d. Diet, sleep, and general care of mother to insure future health.

4. THE NURSING MOTHER.

- a. Importance of healthful life at this time; bad effects of overwork, worry, illness.
- b. Daily habits to insure health and a good supply of breast milk; proper food; rest and sleep; exercise; diversion.

THE BABY.

5. CARE OF THE NEW-BORN BABY.

- a. Care of eyes. Statement about dangers of ophthalmia.
- b. Care of cord.
- c. Bath and clothing.
- d. Feeding; sleep.
- e. Birth registration.

6. WEANING.

- a. Indications for weaning.
- b. How to wean the baby; what to feed.
- c. Harmfulness of too early weaning; how mothers may postpone the weaning by proper daily habits which will keep up a supply of breast milk.

7. BOTTLE FEEDING.

- a. Cow's milk the best food, if a substitute for mother's milk must be used.
- b. Preparation of modified milk. (Demonstration.)
- c. Amount to give; feeding interval.
- d. Dangers and difficulties of bottle feeding; safeguards.
- e. Other food.

8. FEEDING THE OLDER BABY.

- a. Pure milk the basis of the diet during babyhood.
- b. What other foods a baby may take and when they should be added to his diet.
- c. Demonstration lesson in the preparation of foods.
- d. Dangers of improper feeding at this period.

THE BABY—Continued.**9. CARE OF THE BABY.**

- a. Nursery, bed, equipment.
- b. Teaching good habits: Regularity from the first days of life essential.
- c. Sleep and quiet; fresh air; play and exercise.
- d. Clothing; shoes, and care of the feet.
- e. Necessity of a daily routine; the program for a well baby.

10. REVIEW.

- a. General summary of the course.
- b. Questions and answers.

THE YOUNG CHILD.**11. THE GROWING CHILD.**

- a. Statement regarding the development of physical defects and illness by neglect of the needs of the growing child: Teeth, tonsils, adenoids, etc.
- b. Proper food for the growing child. Meaning of malnutrition. Prevalence of malnutrition. Its prevention. Its treatment.
- c. Health habits: Sleep, rest, play, and exercise, baths, care of the teeth.
- d. The importance of periodical medical examinations.

12. THE CHILD'S TRAINING.

- a. Studying the child's nature and adopting methods of training best suited to it.
- b. The use of cooperation, suggestibility, the child's pride, in training.
- c. Teaching obedience and self-control: The value of clearness, simplicity, and consistency; some common mistakes that parents make.
- d. Training in truth telling: Distinguishing between imaginative or playful untruths and lying for gain; the importance of preventing the child from lying through fear.
- e. Training in sex: The importance of teaching cleanliness; of answering early questions truthfully; of confidence between parent and child.
- f. Religious training: The right of the child to religious training; the force of example.

13. THE CHILD AT SCHOOL.

- a. Responsibility of parents for sending child to school in good physical condition and keeping him so.
- b. Responsibility of school in protecting against contagions.
- c. How best can home supplement school work?

14. PLAY.

- a. What play means in the life of every child, and the serious results when children are deprived of time and opportunity for free play, especially out of doors.
- b. Home play: Sand boxes, teeters, and swings; blocks and dolls; games and toys.
- c. Equipment of a simple playroom.
- d. Playing with other children a necessary part of a child's education.
- e. The importance of sympathetic direction and supervision of play.

15. REVIEW.

- a. Summary statement of study done.
- b. Questions and answers.

16. REPORT ON LOCAL CONDITIONS SURROUNDING YOUNG CHILDREN.

- a. Living conditions in the community compared with the ideal.
- b. Bad conditions and how they may be remedied.

READING REFERENCES.

- Bureau of Educational Experiments, 16 W. 8th Street, New York City:
 Bulletin No. 8, 1918. A Catalogue of Play Equipment for Little Children.
 Bulletin No. 1, 1917. Playthings.
- Fisher, Mrs. D. C.: Mothers and Children. Henry Holt & Co., New York City, 1914.
- Gruenberg, Mrs. S. M.: Your Child Today and Tomorrow. J. B. Lippincott Co., Philadelphia, 1913.
- Holt, L. E., M. D.: Care and Feeding of Children. D. Appleton & Co., New York City, 1918.
- Ransey, W. R., M. D.: Care and Feeding of Infants and Children. J. B. Lippincott Co., Philadelphia, 1916.
- Scott, Miriam Finn: How to Know Your Child. Little, Brown & Co., Boston, 1915.
- Simons, J. M., M. D.: The Prospective Mother. D. Appleton & Co., New York City, 1918.
- Terman, L. M.: Hygiene of the School Child. Houghton Mifflin Company, Boston, 1917.
- U. S. Department of Agriculture:
 Farmers' Bulletin 712. School Lunches, by C. L. Hunt.
 Farmers' Bulletin 717. Food for Young Children, by C. L. Hunt.
- U. S. Department of the Interior, Bureau of Education: Bulletin 1915, No. 4. The Health of School Children, by W. H. Heck.
- U. S. Department of Labor, Children's Bureau:
 Dodgers on Child Welfare, 1-10.
 Publication No. 4. Care of Children Series, No. 1, Prenatal Care, by Mrs. Max West.

- Publication No. 8. Care of Children Series, No. 2, Infant Care, by Mrs. Max West.
- Publication No. 30. Care of Children Series, No. 3, Child Care: Part I, The Preschool Age, by Mrs. Max West.
- Publication No. 35. Care of Children Series, No. 4, Milk, the Indispensable Food for Children, by Dorothy Reed Mendenhall, M. D.
- Publication No. 59, Children's Year Follow-up Series, No. 1, What is Malnutrition? by Lydia Roberts.

A SIMPLER PROGRAM FOR MOTHERS' CLUBS.

1. CARE OF THE BABY BEFORE BIRTH.

- a. Importance of good care for the prospective mother from doctor, nurse, and family, to safeguard her own life and health and that of her baby.
- b. Hygiene of maternity.
- c. Preparations for confinement; place of confinement.

2. CARE OF THE NEW-BORN BABY.

- a. Attention to eyes and cord.
- b. First bath and clothing.
- c. Breast feeding.

3. CARE OF THE BABY DURING THE FIRST YEAR.

- a. Feeding. The nursing mother: Diet and general hygiene.
- b. Bottle feeding: Modified milk; preparation.
- c. Other food.
- d. Good habits and how to teach them.
- e. The daily routine of a normal baby.
- f. Teething and small ailments.

4. CARE OF THE BABY DURING THE SECOND YEAR.

- a. Feeding: Demonstrations of methods of preparing cereals, beef juice, and other foods.
- b. Clothing: Demonstration of garments.
- c. Fresh air and exercise.
- d. Sleep and rest.

5. CARE OF THE PRESCHOOL CHILD.

- a. Feeding.
- b. Training and habits.
- c. Physical care to prevent defects or to remedy them.
- d. Prime importance of play out of doors.

6. SUMMARY.

- a. Statement of principles of best care.
- b. Questions and answers.

READING REFERENCES.

Same as those for longer program on "The Care of the Mother, the Baby, and the Young Child." (See p. 17.)

PART IV.

DETAILED OUTLINES OF SINGLE TOPICS.

The following outlines are intended for the use of groups or individuals interested in the closer study of phases of the problems involved in child-welfare work. Social workers, for example, may desire to study the subject of infant mortality in great detail, if in a given community the mortality is unduly high.

These intensive studies may be made by a section of the club carrying on Part I of this outline.

INFANT MORTALITY.

1. Statistical aspects.
 - a. Definition and explanation of terms.
 - Infant mortality.
 - Infant mortality rate.
 - Vital statistics.
 - b. Methods of presenting figures, graphic or otherwise.
 - c. Birth registration in the United States.
 - Explanation of birth-registration area; present extent.
 - Compared with other countries.
 - Methods of popularizing birth registration.
2. Effects of a high infant mortality.
 - a. On the health of survivors and the population in general.
 - b. On national prosperity.
3. Extent of infant mortality. Is it increasing or decreasing?
 - a. In the United States.
 - b. In foreign countries.
4. Causes of infant mortality.
 - a. Chief medical causes.

	proportion dying from these diseases.
Diseases of early infancy	increase or decrease within past 10 years.
	relation to health and care of mother.
Gastric and intestinal diseases	increase or decrease within past 10 years.
	relation to feeding.
Respiratory diseases	
Contagious diseases	responsibility of public-health officials.
	necessity for educating mothers.

(Presentation of figures for Nation, State, local community, or all three, by means of curves and graphs, might be advisable.)

b. Social and economic causes.

Low wages and unemployment.

Work of mother outside the home.

Ignorance and illiteracy.

Family disintegration.

c. Civic causes.

Housing.

Sanitation.

Milk supply.

5. Age at death—early weeks most fatal.

6. Prevention of infant mortality.

a. Methods employed.

In cities and States in United States.

In foreign countries, notably England and New Zealand.

b. Principles of prevention.

Provision of living wage and decent home conditions.

Keeping mother and child together during infancy.

Adequate prenatal and obstetrical care, and medical attention.

Education of mothers and fathers and community in needs of mother and child.

Civic improvement.

7. Public protection of health of mothers and infants.

(For detail, see Minimum Standards—"Maternity," and "Infants and Preschool Children," U. S. Children's Bureau Publication No. 62.)

8. Infant mortality in local community.

a. Are birth and death registration prompt and accurate?

b. What is infant mortality rate? Find, if possible, proportion of infant deaths due to each medical cause.

c. Is infant mortality higher in certain wards or sections than in others?

d. Is there a State or local department of child hygiene? What steps have been taken locally to conserve infant life?

e. Prepare plan for reducing infant mortality, based on Children's Bureau standards. (See Topic 7.)

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Dublin, L. I.: Present Status of Birth Registration in American Cities and Its Relation to the Infant Mortality Rate. 1916. Address author, Metropolitan Life Insurance Co. (Also in 1916 Transactions of the American Association for Study and Prevention of Infant Mortality.)

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- Lathrop, Julia C.: *Income and Infant Mortality*. Reprinted from *American Journal of Public Health*, Vol. IX, No. 4. April, 1919, pp. 270-274.
- Mangold, G. B.: *Problems of Child Welfare*. The Macmillan Co., New York City, 1914.
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- U. S. Department of Labor, Children's Bureau:
- Publication No. 6. *Infant Mortality Series, No. 2, New Zealand Society for the Health of Women and Children*.
 - Publication No. 9. *Infant Mortality Series, No. 3, Infant Mortality, Johnstown, Pa., by Emma Duke*.
 - Publication No. 26. *Rural Child-Welfare Series, No. 1, Maternity and Infant Care in a Rural County in Kansas, by Elizabeth Moore*.
 - Publication No. 29. *Infant Mortality Series, No. 7, Infant Mortality, Waterbury, Conn., by Estelle B. Hunter*.
 - Publication No. 33. *Rural Child-Welfare Series, No. 2, Rural Children in Selected Counties of North Carolina, by Frances Sage Bradley, M. D., and Margaretta A. Williamson*.
 - Publication No. 34. *Rural Child-Welfare Series, No. 3, Maternity Care and the Welfare of Young Children in a Homesteading County in Montana, by Viola I. Paradise*.
 - Publication No. 37. *Infant Mortality Series, No. 8, Infant Mortality, Brockton, Mass., by Mary V. Dempsey*.
 - Publication No. 46. *Rural Child-Welfare Series, No. 4, Maternity and Infant Care in Two Rural Counties in Wisconsin, by Florence Brown Sherbon, M. D., and Elizabeth Moore*.
 - Publication No. 52. *Infant Mortality Series, No. 9, Infant Mortality, Saginaw, Mich., by Nila F. Allen*.
 - Publication No. 54. *Miscellaneous Series, No. 12, An Outline for a Birth-Registration Test*.
 - Publication No. 60. *Conference Series, No. 1, Standards of Child Welfare*.
 - Publication No. 61. *Children's Year Follow-up Series, No. 2, Save the Youngest*.

CHILDREN IN INDUSTRY.

1. Historical review.
 - a. Growth of child labor with modern industrial revolution.
 - b. Beginnings of legislation.
 - England.
 - Continental Europe.
 - United States prior to 1860.
 - c. Growth of child-labor legislation in United States.
 - d. Federal legislation in regard to child labor.
 - United States child-labor law, 1916—declared unconstitutional, June, 1918.
 - United States child-labor-tax law, 1919.
 - e. International regulation of child labor.

2. Causes of child labor.

- a. Poverty.
- b. Ignorance on part of parents, child, and general public of the advantages of education and the disadvantages of premature labor.
- c. Attitude of child.
 - Distaste for school.
 - Desire to earn money and be independent.
- d. Failure of school to provide suitable and interesting training.
 - Narrowness of curriculum.
 - Maladjustment to individual child.
- e. Demand for supply of cheap labor.

3. Evils of child labor.

- a. Defective education.
- b. Impaired health for individual, physical deterioration for race.
- c. Juvenile delinquency.
- d. Industrial inefficiency for individual—low wages, unemployment, poverty.
- e. Economic waste—child labor an expense to industry.
- f. Lowering of civic standards.

4. Present extent of child labor in United States.

- a. Distribution by occupations and industries.
 - Agricultural pursuits—largest numbers of children.
 - Manufacturing and mechanical trades—chief child-employing industries.
 - Domestic and personal service.
 - Clerical occupations.
 - Trade and transportation.
 - Mercantile establishments.
 - Offices.
 - Street trades
 - Messenger service
- }special dangers.
- Mining—special dangers.

- b. Geographical distribution, by States and by sections.

5. Present legal regulation of child labor in United States.

- a. Federal child-labor-tax law, 1919.

Industries affected.

Age requirements.

Hours and night work.

Method of enforcement.

- b. Variations among the States.

As to age.

As to hours.

5. Present legal regulation of child labor in United States—Contd.
 - b. Variations among the States—Continued.
 - As to night work.
 - As to hazardous occupations.
 - As to educational requirements.
 - As to physical requirements.
 - As to exemptions.
6. Movement for vocational education, direction, and placement.
 - a. Causes.
 - Economic waste involved in lack of training and unguided choice of occupation by children.
 - Decline of apprenticeship system.
 - Lack of opportunity for training under modern industrial conditions.
 - b. Establishment of—
 - Manual training courses and manual training high schools.
 - Evening vocational classes.
 - Trade and vocational schools.
 - c. Federal aid to vocational education—Smith-Hughes or Vocational Education Act of 1917.
 - d. Vocational guidance or direction, and placement.
 - Aim.
 - Methods.
 - e. Special efforts to keep children in school {
 - scholarships.
 - visiting teachers.
7. Minimum standards for working children.
 - a. Age.
 - b. Educational.
 - c. Physical.
 - d. Hours of employment.
 - e. Types of employment.
 - f. Wages.
 - g. Placement and supervision.
 - h. Administrative.
8. Survey of child labor.
 - a. In State.
 - State child-labor law—its requirements.
 - Administration of child-labor law—body charged with enforcement.
 - Children under 16 at work in State {
 - numbers.
 - chief industries and occupations.

8. Survey of child labor—Continued.

b. In local community.

Chief child-employing industries and occupations

	$\left\{ \begin{array}{l} \text{dangers.} \\ \text{opportunities for advance-} \\ \text{ment.} \end{array} \right.$

Approximate numbers of children under 16 employed in each occupation.

Opportunities for vocational education.

Amount and scope of vocational guidance and placement work.

9. Presentation of plan for State legislative program based on local needs.

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Publication No. 49. *Children's Year Leaflet* No. 7, *Back-to-School Drive*.

Publication No. 53. *Children's Year Leaflet* No. 10, *Advising Children in Their Choice of Occupation and Supervising the Working Child*.

Publication No. 56. *Children's Year Leaflet* No. 12, *The Employment-Certificate System: A safeguard for the working child*.

Publication No. 58. Children's Year Leaflet No. 13, The States and Child Labor: Lists of States with certain restrictions as to ages and hours.

Publication No. 60. Conference Series No. 1, Standards of Child Welfare.

Publication No. 64. Children's Year Follow-up Series, No. 3, Every Child in School.

Leaflet. Standards Applicable to Child Labor, by Helen L. Sumner.

Annual Reports of the Chief of the Children's Bureau (not available for distribution, but probably can be found in a number of libraries).

RECREATION.

1. Value of play.
 - a. Physical.
 - b. Mental.
 - c. Social.
2. Home and play.
 - a. Special educational importance of play for young children.
 - b. Use of work as play.
 - c. Essentials of play, to be of most value to child.
 - Sympathetic oversight.
 - Play space in the home.
 - Child playmates.
 - Pets.
 - Constructive materials and toys—encouragement to self-expression.
 - d. Outdoor play for young children.
 - Supervision—duty of parents to safeguard play.
 - Neighborhood playgrounds for small children.
 - Outdoor toys and apparatus (demonstration of methods of making home apparatus).
 - Gardening.
3. School and play.
 - a. Tendency to legislate in behalf of physical education.
 - State provisions.
 - National—Fess bill for physical education.
 - National provisions for physical education in England and France.
 - b. Tendency of school to take over leisure time activities of child—Gary movement an example.
 - c. School-garden movement.
 - d. Necessity for play space, equipment, and supervision as minimum requirements of every school; appropriations from school fund for this purpose; proper amount.
4. The community and play.
 - a. Prevalence of commercialized recreation—dangers.
 - b. Recognition of civic value of play.
 - How play trains for citizenship.
 - Recreation vs. juvenile delinquency—war-time experiences.

4. The community and play—Continued.
 - b. Recognition of civic value of play—Continued.

What some cities have done to provide wholesome recreation for children.

Recent movement toward community recreation—"sings," pageants, etc.
 - c. Factors to be considered in establishing playgrounds.

Number and proper distribution, according to juvenile population.

Size.

Distance for children of various ages.

Equipment.

Leadership.

Kind of play and duration.
 - d. Value of play space in community, even when little or no money can be secured for equipment and directors.
 - e. Popularization of playground for children of all classes.
5. Organizations fostering recreation.
 - a. Boy and Girl Scouts.
 - b. Camp-Fire Girls.
 - c. Y. M. C. A. and Y. W. C. A.
 - d. Neighborhood centers and clubs.
 - e. Canning, pig, poultry, and other farm clubs.
6. Survey of local facilities and local needs for recreation.

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- Department of Recreation, Russell Sage Foundation, 130 East Twenty-second Street, New York City. Publications.
- Gruenberg, Mrs. S. M.: *Your Child Today and Tomorrow*. Lippincott, New York City, 1913.
- Johnson, G. E.: *Education by Plays and Games*. Ginn & Co., New York City, 1907.
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- Lee, Joseph: *Play in Education*. The Macmillan Co., New York City, 1915.
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- Playground and Recreation Association of America, 1 Madison Avenue, New York City. Publications.
- U. S. Department of Labor, Children's Bureau:
- Dodger No. 10. *What Do Growing Children Need?*
- Publication No. 30. *Care of Children Series, No. 3, Child Care: Part I, The Preschool Age*, by Mrs. Max West.
- Publication No. 44. *Children's Year Leaflet No. 4. Patriotic Play Week. Suggestions to Local Committees.*
- Publication No. 60. *Conference Series, No. 1, Standards of Child Welfare*, pp. 54-63.

CHILDREN IN NEED OF SPECIAL CARE.

1. Types of children in need of special care.
 - a. Dependent and neglected children.
 - b. Defective children.
 - c. Delinquent children.
2. Conditions tending to produce dependency, defect, and delinquency.
 - a. Poor heredity—due to marriage of unfit.
 - b. Faulty environment—due to poverty, ignorance, shiftlessness, cruelty, drunkenness, immorality, etc.
 - c. Social causes—death or illness of one or both parents, separation of parents, desertion, divorce, illegitimacy.
3. Dependent and neglected children.
 - a. Prevention.
 - Economic measures.
 - Living wage.
 - Mothers' pensions.
 - Workmen's compensation laws.
 - Relief agencies, etc.
 - Measures to enforce parental care and responsibility.
 - Prosecution of cruel, deserting, and nonsupporting parents.
 - Requiring parental responsibility to be assumed by fathers of children born out of wedlock.
 - Measures to improve social and moral welfare of community.
 - b. Treatment of dependent or neglected children.
 - Care in own home if possible—reconstruction of family conditions or supplementing of family resources.
 - Care in foster homes.
 - Principles governing child placing.
 - The home versus the institution.
 - Adoption.
 - Institutional care.
4. Defective children.
 - a. Physically handicapped.
 - Types—blind, deaf, crippled, or deformed.
 - Problem—specialized education for self-support—how to secure it for each class.
 - b. Mentally defective.
 - Grades of mental defect

idiot.
imbecile.
moron.
 - Causes

heredity.
syphilitic infection, injury at birth, severe injury, or illness in early infancy.
possibly alcoholism.

4. Defective children—Continued.

b. Mentally defective—Continued.

Prevention.

Enforcement of laws preventing marriage of the unfit.

Segregation of feeble-minded in institutions to prevent procreation.

Measures to insure freedom of prospective parents from venereal disease.

Asexualization of feeble-minded in order to prevent procreation.

Care.

Provision in public schools of special training and classes for mentally weak who could through suitable education be made self-supporting.

Institutional care and training for mental defectives dangerous to community or in need of protection.

Care in own home—when it is permissible or advisable.

Necessity of educating parents, teachers, and social workers in needs of mentally defective.

5. Delinquent children.

a. Causes of juvenile delinquency.

In the child—mental and physical.

In the home—broken home, unfavorable environment, lack of parental control.

In the community—limited or unsuitable recreational opportunities, low moral tone, laws not enforced.

b. Prevention.

Suitable home conditions.

“Cleaning up” of community.

Regulation of commercialized amusements.

Provision of playgrounds, community activities, etc.

Compulsory-education laws enforced.

c. Juvenile courts.

Aim—education rather than punishment.

Types—special courts, or courts with special juvenile sessions.

Principles.

Child not treated as a criminal.

Hearings separate from adults.

Detention separate from adults.

Physical and mental examination of children.

Woman assisting judge in hearing girls' cases.

Special probation officer or staff for children's cases.

5. Delinquent children—Continued.

d. Treatment of delinquents.

Probation under supervision in child's own home or in foster home.

Commitment to training or industrial school—last resort.

6. State responsibility.

a. State regulation, supervision, and licensing of foster homes and institutions, and of agencies and associations whether public or private receiving or caring for children.

b. Laws in your own State for protection of child in need of special care.

7. Survey of local facilities for care of dependent, defective, and delinquent children.

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PART V.

DEVELOPMENT AND PRESENT STATUS OF INFANT-WELFARE WORK IN OTHER COUNTRIES.

The following outline is intended to present in brief form the main facts in the development of infant-welfare work in foreign countries. While it may be used as the basis for a more intensive study of this particular subject, its chief purpose is to provide data for comparison with work being done in this country. Some of this material may also be used for publicity purposes if the desirability and practicability of child-welfare work is to be demonstrated.

- I. Public protection of mothers and babies had its beginning in Europe in the early years of the present century through recognition, hastened by the declining birth rate, that a high infant mortality—
 1. Means sickness and low state of health in all classes of the population.
 2. Represents an economic waste.
- II. While certain measures are appropriate and necessary only in the country where they have been developed, certain others have proved their worth in all countries. These measures are—(1) The establishment of infant-welfare centers; (2) The provision of infant-welfare nurses.
 1. The infant-welfare center.
 - a. First established in France in 1894 it has spread to all civilized countries.
 - b. Has tended to replace milk station (established a few years earlier) where modified milk was given or sold to mothers of young babies, but where no regular medical supervision was exercised over babies.
 - c. Expert and regular medical direction is now considered essential for every center, though earlier centers had only a nurse in charge.
 - d. Emphasizes maternal nursing. In most continental countries mothers attending centers are given a premium in money or kind so long as they continue to nurse their babies.
 - e. Gives physical examination and periodical weighing and measuring to baby, and expert advice to mother concerning baby's food, clothing, and daily care.

II. Certain measures are appropriate, etc.—Continued.

1. The infant-welfare center—Continued.

- f. Some have exhibits, courses in infant care for mothers and girls, and instruction in sewing and cooking. This is common in England, where centers are frequently known as “schools for mothers,” and subsidized by board of education.
- g. The most successful have visitors to visit babies in home. This phase of work most developed in England, Canada, and New Zealand, but exists also in France, Germany, Austria, and Belgium.

2. The infant-welfare nurse.

- a. In European countries seldom a trained nurse. In many countries often volunteer workers, but necessity for training is rapidly being recognized—in France training schools opened in large cities; in Prussia and Saxony diploma from State training school required; in England must be two or three things—sanitary inspector, trained midwife, or trained nurse; in New Zealand special training in addition to trained nurse’s course.
- b. Visits well baby in home and teaches mother care of herself and baby through personal relations thus established.

III. Practically all foreign countries provide maternity benefit at child-birth. In some countries—as, for example, in England, France, and Australia—money only; in others, medical and nursing care also.

1. Benefits have tended to increase in amount and scope.

2. But unless combined with a system of centers and nurses for the education of mother in care of herself and baby have generally been found inadequate; for instance—

- a. In Germany during the war there was a general demand for centers to take over the administration of benefits for breast feeding, because the money failed to provide better food and care for mother and child unless health of mother was supervised.
- b. In Australia, where Government since 1912 has allowed \$25 for each living birth, an official report in June, 1917, strongly urges the adoption of a general scheme of practical measures as a means of reducing infant mortality, saying that thereby much greater benefit could be obtained from the money spent than is now being obtained under the present system.

III. Foreign countries provide maternity benefit, etc.—Continued.

2. System of centers and nurses, etc.—Continued.

- c. In England, where it was found necessary in 1914 to supplement maternity benefits (first given in 1911) by public provision for protecting health of mothers and babies.

IV. The expansion of infant-welfare work in certain European countries offers a stimulating example, especially when it is remembered that much of this expansion took place under war conditions.

1. Especially valuable is the experience of England.

- a. In July, 1914, Parliament voted to make grants of 50 per cent of approved expenditure on infant-welfare work done either by voluntary agencies or public bodies.

- b. Year by year these grants have been enlarged until practically every aspect of infant and maternity welfare is covered; for instance—

Salaries and expenses of health visitors and nurses.

Provision of doctor or midwife at confinement.

Maintenance of centers.

Hospital treatment for mothers at confinement and for sick infants and children up to 5.

Provision of food for expectant and nursing mothers.

Maternity homes for expectant mothers.

Convalescent homes for nursing mothers and children under 5.

Home nursing of mother or child during illness, especially where hospital accommodations are lacking.

Crèches.

Domestic assistance following confinement.

“Experimental work.”

As a result infant-welfare centers, for example, increased from 842 in 1916 to 1,278 in 1918; health visitors probably doubled in number during 1914–1918.

- c. In 1915 passed notification-of-births (extension) act, requiring notification of birth within 36 hours—enables Government to send a health visitor to mother during critical first days of infant's life.

IV. Expansion of infant-welfare work, etc.—Continued.

1. Especially valuable is the experience of England—Contd.
 - d. In 1918 passed new midwives' act providing more efficient supervision of midwives. Lengthened period of training for midwives from three to six months.
 - e. In 1918 passed maternity and child-welfare act, making child-welfare work obligatory for all local authorities throughout England and Wales.
2. In countries most hard pressed by the war there has been a notable increase in work for the protection of infancy and maternity since 1914. Maternity benefits alone have proved insufficient.
 - a. In France: special emphasis has been put on care of expectant and nursing mothers—prenatal centers and mothers' lunch rooms have increased; the law of August, 1917, obliges employers of nursing mothers to provide nursing rooms on premises and to permit mothers time off (half an hour twice daily) to nurse their babies; "baby weeks" and traveling exhibits have increased since 1914; and "traveling centers" have been inaugurated.
 - b. In Belgium: number of infant-welfare centers increased during 1914–1918 from 70 to more than 700, and lunch rooms for nursing and expectant mothers reached a total of 473 in 1918 as compared with 2 in 1914; in September, 1919, a law was passed creating a national Children's Bureau and extending national aid to the extent of one-half of approved outlay on child-welfare work.
 - c. In Italy: a bill providing for national aid to infant-welfare work was introduced into the Chamber of Deputies in 1918, and its passage was widely advocated.

V. Comparatively new countries like Canada, Australia, and New Zealand have done successful and inspiring work.

1. Reference has already been made to Government measures in Australia.
2. Canada—
 - a. Has well-organized system of infant-welfare and prenatal nursing in connection with general public-health nursing (Victorian Order of Nurses), not only in large cities, but also in the most isolated rural districts.
 - b. Is now organizing a national Children's Bureau.

V. New countries, etc.—Continued.

3. New Zealand—

- a. Markedly successful work—reduction of infant mortality from 89 in 1907 to 48 in 1917.
- b. In 1907 the Society for the Health of Women and Children—sometimes known as Plunket Society from patronage and interest of Lady Plunket, wife of former Governor of New Zealand—was founded to carry on educational work to decrease infant mortality and improve health of the people.

Government supervises and extends financial aid. Volunteer and public bodies cooperate, about 70 local committees in 1914 representing all kinds of local interests.

Functions mainly through visiting infant-welfare nurses (Plunket nurses).

Has established a unique baby hospital, providing accommodations not only for baby but also for his mother, with object of insuring breast feeding whenever possible. Cottage hospitals in remote areas for mothers and babies.

Makes a point of popular education through newspapers, pamphlets, etc.

VI. Experience in all countries points to several well-defined tendencies. These are:

1. Preventive care. The object of modern child-welfare work is to insure good and intelligent care of baby by healthy mother in own home. Care of the expectant mother is emphasized. Development of well child is supervised in order so to direct his feeding and care as to keep him well.
2. Extension of work to child of preschool age.

In England—Health visiting has recently been extended to include systematic oversight of children between 1 and 5 years of age, and nursery schools have been established for children of preschool age.

In Germany—Centers intended especially for children between 1 and 5 years of age have been opened.

In France—Welfare centers and canteens for nursing mothers receive the "ex-baby."

VI. Experience in all countries, etc.—Continued.

3. Community, State, and national responsibility for child welfare. History of child-welfare work in almost all countries shows the development from volunteer efforts to community and municipal direction and finally national aid, which coordinates, standardizes, and renders financial assistance.

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